

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED MATTA, GILBERT JOSE		VOUCHER NUMBER																																																																																																																																																																																							
3. MAG. DKT./DEF. NUMBER 1:05-000028-002		4. DIST. DKT./DEF. NUMBER 1:05-000039-005		5. APPEALS DKT./DEF. NUMBER																																																																																																																																																																																							
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. MATTA		8. PAYMENT CATEGORY Felony																																																																																																																																																																																							
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case		11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE																																																																																																																																																																																							
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS YANZA, LOUIE J. 115 HESLER PLACE, GROUND FLR. GOV. JOSEPH FLORES BLDG. HAGATNA GU 96910  Telephone Number: (671) 477-7059			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to pay for counsel, and (2) does not wish to waive counsel, and because the interests of justice so require, I appoint attorney whose name appears in Item 12 to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <u>Shirlene A. Ishizu</u> 01/25/2006 Signature of Presiding Judicial Officer By Order of the Court <del>XXXXXX</del> 05/19/05 05/18/2005 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																																								
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<div style="position: absolute; top: -50px; right: -50px; font-size: 2em; font-weight: bold; transform: rotate(-15deg);">           FILED            DISTRICT COURT OF GUAM            JAN 25 2006            MARY L.M. MORAN            CLERK OF COURT         </div>																																																																																																																																																																																											
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